APPLICATION FOR



STREET BLOCKING PERMIT DEPARTMENT OF TRAFFIC AND TRANSPORTATION CITY OF CHARLESTON, SOUTH CAROLINA

Peri	mit requested by:			
Mai	iling Address:		Phone :	
			Fax:	
			Date:	
Con	nditions requiring blocking of street:			
Stre	eet to be blocked:			
Bet	ween:	and		
Starting Date:		Time:		
Ending Date:		Time:		
Number of lanes / Spaces:		Direction of travel:		
Side	e of Street:	Excavation / Building Permit #:		
This permit is expressly conditioned as follows:			(Where applicable)	
(A)	The permitee shall duly and appropriately mark Transportation, Sections 56-5-930 and -940 of t Traffic Control Devices for Street and Highway	the South Carolina code of Laws, and South C		
(B)	The permitee shall agree to fully indemnity and hold harmless the City of Charleston and the State of South Carolina of and from any and all claims, demands or actions for damage to persons or property that may arise, or alleged to have arisen, on account of the location or maintenance of the traffic obstruction(s) to which this Permit applies.			
(C)	C) Upon notification this permit may be cancelled due to non compliance of for reasons concerning traffic safety.			
(D)	D) This permit shall be available on site at all times.			
(E)	E) Required to maintain proper traffic control including advance warning signs and flagger (s)			
(F)	F) Required to maintain flow of traffic at all times.			
S	IGNATURE OF APPLICANT			
N	Jo:	Authorized Signature		